

PTO/SB/01 (03-01)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	66638/41212
		First Named Inventor	Nelson
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		COMPLETE IF KNOWN	
		Application Number	To be assigned
		Filing Date	Herewith
		Group Art Unit	To be assigned
		Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BACKSCATTER IMAGING USING HADAMARD TRANSFORM MASKING

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐Customer Number
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Name John M. Howell

Address Thompson Coburn LLP, One US Bank Plaza

City St. Louis State MO ZIP 63101

Country USA Telephone 314-552-6279 Fax 314-552-7279

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) James M.Family Name
or Surname NelsonInventor's
Signature

Date

Residence: City Sumner State WA Country USA Citizenship USA

Mailing Address 2404 Cottage Road East

City Sumner State WA ZIP 98390 Country USA

NAME OF SECOND INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) William B.Family Name
or Surname ShepherdInventor's
Signature

Date 12/01/03


Residence: City 17912 McLean Road SW State WA Country USA Citizenship USA

Mailing Address 17912 McLean Road SW

City Vashon State WA ZIP 98070 Country USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR
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Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Nelson
Title	Backscatter Imaging Using Hadamard
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/41212

I hereby appoint:

Practitioners at Customer Number

021888

OR

☒ Practitioner(s) named below:

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Richard E. Haferkamp	29072
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Matthew A. Braunel	52649
David R. Deal	48204
Matthew J. Himich	47650
David B. Jenkins	46805
Daniel S. Kasten	45363
Paul A. Lesko	45364
Kim Hoang Lu	51973
Clyde L. Smith	46292
Benjamin L. Volk	48017
William C. Anderson	28147
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Bryan C. Ogden	25362
Charles T. Silberberg	26584
David J. Clement	44082
Ann K. Galbraith	33530
Robert L. Gullette	26899
Thomas W. Hennen	27798
Lawrence W. Nelson	34684
John R. Rafter	28533
Jeanne Suchodolski	34936
Robert H. Sproule	30689


James Hamley		28081	
Nicholas T. Bauz		41604	

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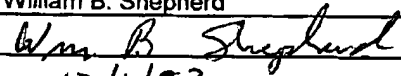
<input checked="" type="checkbox"/> Firm or Individual Name	John M. Howell		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William B. Shepherd
Signature	
Date	12/1/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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OR			
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<input checked="" type="checkbox"/> Firm or Individual Name	John M. Howell		
Address	Thompson Coburn LLP		
Address	One US Bank Plaza		
City	St. Louis	State	MO
		Zip	63101
Country	USA		
Telephone	314-552-6279	Fax	314-552-7279
I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor.			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name	James M. Nelson		
Signature			
Date			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
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